

CASH ADVANCE FORM

			VOUCHER NO.	4	
Requested by:	employee2	Date Subm	nitted: 20	2024-09-26	
Department:	Finance	Date Requ	ired: 20	2024-09-27	
Expense Request Pu	urpose/ Description: Health Purposes		Amount: ₱5,000.00		
Cash or Cheque: Bank Transfer					
NOTE: AMOUNT SUBJECT FOR LIQUIDATION. If this amount is not settled within 15 days, this will automatically be deducted from requisioner's payroll.					
Reque	sted by: Recommen	Recommending Approval:		Approved By:	
employee2					
Remarks:					